



Volunteer Application

Please type or print legibly in blue ink the following information.
Return to Volunteer Coordinator, c/o Loudoun County Animal Care
and Control, 39820 Charles Town Pike, Waterford, VA 20197.

If you are interested in participating in our Foster Home or Safe
Haven programs, please contact the Volunteer Coordinator for the
appropriate additional application.

Name: _____
(Last) (First) (Middle)

Address: _____
(Number/Street)

(City) (State) (Zip Code)

Phone Number: _____
(Home) (Work) (Cell Phone)

Email: _____ Date of Birth: _____

Emergency Contact:

Name: _____ Phone Number: _____

Relationship: _____

Physician: _____
(Name) (Phone)

Employment:

Are you currently employed? ☐ Yes ☐ No

If yes: _____
(Current Employer) (Position) (Hrs./Week)

Current Employer's Address: _____
(Number/Street)

(City) (State) (Zip Code)



Education:

Are you currently in school? ☐ Yes ☐ No

If yes: _____
(Name of School) (Grade or Year)

Areas of Interest:

What volunteer duties are you interested in? (see attached: Volunteer Job Descriptions)

- ☐ Dog Walker
- ☐ Cat Cuddler
- ☐ Small Animal Friend
- ☐ Dog Groomer
- ☐ Web Photographer
- ☐ Shelter Aide
- ☐ C.A.T. (Cat Adoption Team)
- ☐ D.O.G. (Dog Outreach Group)
- ☐ Pets to Vets
- ☐ Administrative Volunteer
- ☐ P.E.T. (Public Education Team)

Why are you interested in volunteering with the Loudoun County Department of Animal Care and Control? _____

How did you hear about the Loudoun County Animal Shelter Volunteer Program?



Are there any duties that you would prefer not to perform? _____

Do you have any pets? ☐ Yes ☐ No

If yes, what type and how many? _____

Please list any previous experience with animals: _____

Do you have a valid driver's license?

☐ Yes ☐ No

Do you have a reliable means of transportation?

☐ Yes ☐ No

Availability:

What days during the week are you available to volunteer? Please note specific times.

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00AM						
9:00AM						
10:00AM						
11:00AM						
12:00PM						
1:00PM						
2:00PM						
3:00PM						
4:00PM						
5:00PM						
6:00PM	X	X			X	X
7:00PM	X	X			X	X
8:00PM	X	X			X	X



Is this court ordered-community service? ☐ Yes ☐ No

If yes, please explain offense: _____

Have you ever been convicted of animal cruelty or neglect? ☐ Yes ☐ No

If yes, please explain: _____

References:

Please provide two references (not family members):

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

If you are under 18 years of age, please have your consenting parent or guardian complete this part of the application.

I hereby give permission for _____ to volunteer for the Loudoun County Department of Animal Care and Control.

Parent/Guardian Signature: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street/Number) (City) (State) (Zip Code)

Phone: _____
(Home) (Work) (Mobile)